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DHAKA ELECTRIC SUPPLY COMPANY LIMITED

Part 1: Applicants Part

Medical Expenses Re-imbusement Form

Table with 4 columns: Name, Designation, Division, Employee ID

Table with 4 columns: Bill Re-imbusement, Period: From, To, (blank)

Main table with columns: Voucher No., Name of Patient, Relation with employee, Fees/Charges (Consultation/Hospitalization, Pathology & Test, Medicine & Others), Total Amount (Tk.)

Summary row: Total in word: Tk., Total (TK.)

Note: 1. Submit the bill in 1st week of any month covering up to the previous month's expenses. 2. Submit within two months of any expense. 3. If the bill submitted is late then approval of MD is required. 4. Year closing bill should be submitted in the 15 days of January of the next year. 5. If extra space required then use another form.

Checked by

Verified by

Signature of the Applicant

Admin. Officer/ Designated Officer

Signature of the Divisional Head

The re-imbusement form is forwarded to DGM (Administration) vide

Memo No-DESCO/.....

Part 2 : Administration Part

- The submitted bill is checked and recorded in the respective register.
- Certified amount in this bill is Tk.
- Previous bill re-imbursed amount Tk.
- Total amount re-imbursed this year Tk.
- Remaining Balance of this year Tk.

Comments (If any) :

Checked and posted by :

Signature of DM/AM

Signature of DGM (Admin.)

Memo No-DESCO/HQ/ADMIN/F&A-K(2)/MB-100/..... Date:

Part 3 : Accounts Part

- The bill is checked and verified
- Certified amount Tk.

Signature of DM/AM

Signature of DGM (F/A)

Approval :-

Signature of Director

Cheque No.: (if any)

Recipient's Signature

Date :

Date :